

CLAIMS ONLY						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	3								
TOTAL DEP.	25								
TOTAL CLAIMS	38								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	12					
TOTAL CLAIMS	17					

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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